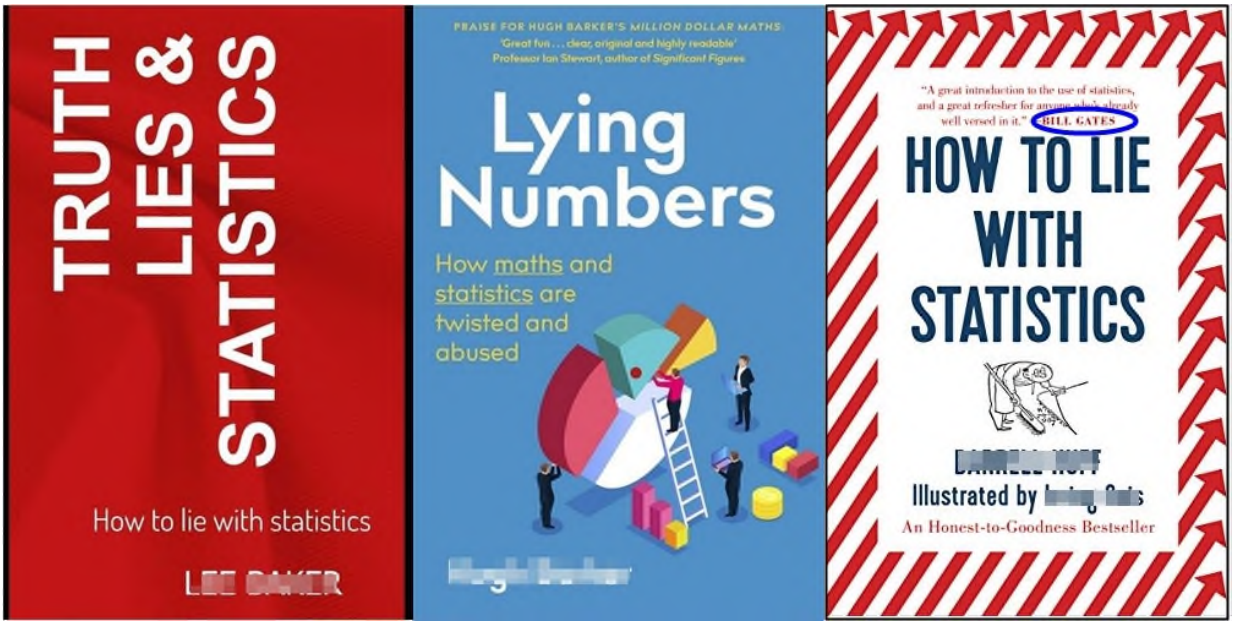
The Covid Vaccine is Dangerous according to Official Government Statistics

by Jeremy James



The medical professionals in America and Europe have betrayed the common people. Instead of testing the validity of the claims made by the CDC, the FDA, and the World Health Organization in relation to 'Covid', as well as the vacuous claims made by the pharmaceutical industry regarding the safety and efficacy of their so-called 'vaccines', they took everything they were told at face value. Even as evidence accumulated which showed that the official narrative could possibly be a carefully fabricated deception, they continued to kowtow to their paymasters and to completely disregard the facts and the real needs of their patients.

A few whistleblowers emerged here and there, thank heavens, but their voices were difficult to hear above the steady stream of media propaganda and political rhetoric. For every honest voice that questioned the scientific validity of the various claims, there were dozens of well-paid toadies who were glad to muddy the water and maintain a continuing high level of fear and confusion.

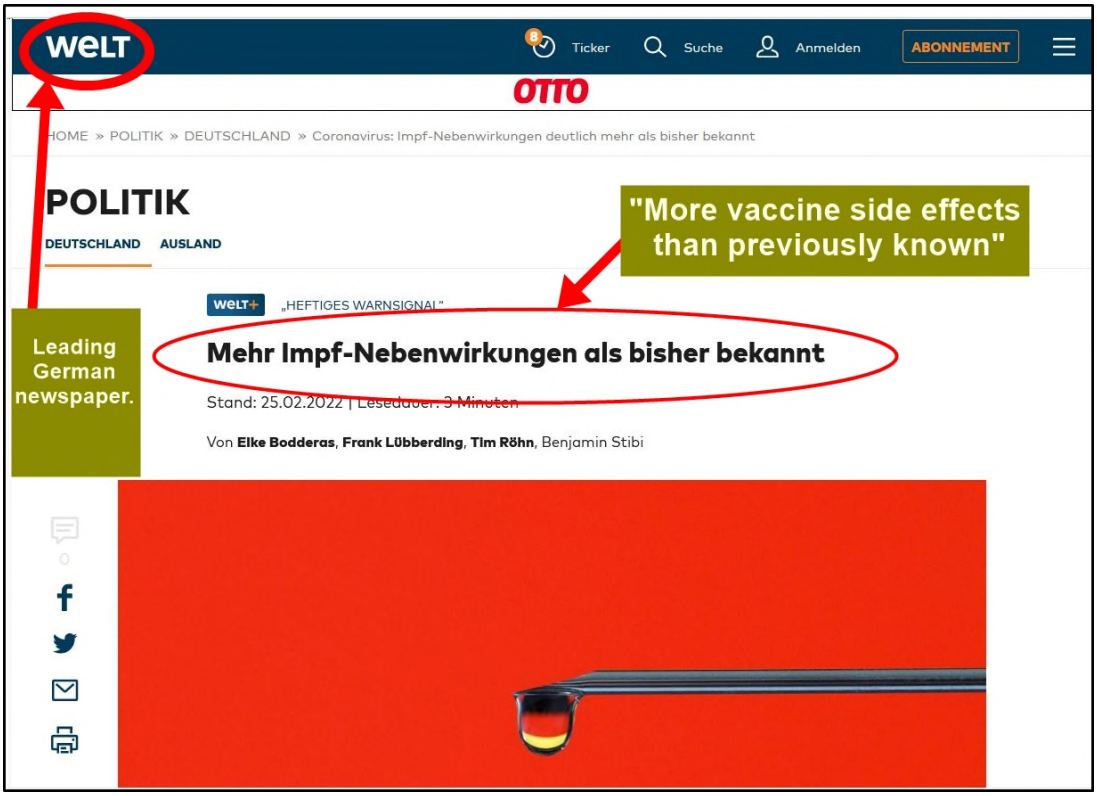
The financial services sector

Another industry which should have been asking hard questions was the financial services sector. The big pharmaceutical companies are listed on the stock exchange and trade in their shares is affected by the legitimacy of their public disclosures. As a highly regarded market analyst has recently stated, their much prized immunity to prosecution is conditional on their adherence to scientific standards. If they can be shown to have engaged in fraudulent activity, for example by tampering with the trial data that was used to secure approval for their vaccines, they can be destroyed in the courts. Reports that Moderna may have done this have caused its stock price to fall by 70% from its high, and this precipitous decline is expected to continue. These reports have been based in part on whistleblower testimony.

The hard-nosed set who trade in the financial markets become extremely upset if they have invested heavily in a stock which has been sold using fraudulent data. They are not necessarily troubled by the breach of ethical standards but by the simple fact that, if the fraud is ever discovered, the price will collapse and they will incur heavy losses. This is why the industry employs analysts who are continually checking company data and market trends in order to predict which way share prices will move.

In light of this it is difficult to understand why it has taken so long for financial analysts to raise these questions. Presumably the pharmaceutical companies have been able to persuade market commentators to steer away from this topic, but that strategy will only work for so long. Eventually news of the adverse effects caused by the Covid 'vaccines' will leak out and seasoned investors – among the few people left on earth who still use reason and logic – will start to offload the stock before the price plummets.

They have seen the VAERS data and they have heard about the whistleblower testimony, the cover-up of adverse events by the U.S. Department of Defense, and the unusually high death rates among persons in the age range 18-64 (as reported by mortuary staff and insurance insiders). They may also have seen some of the videos on the Internet which show the devastating effect that these experimental potions are having on healthy young people. Most important of all, they may have heard that Pfizer, Moderna and others may have suppressed or manipulated trial data in order to make their products appear both safe and effective.



Headline in *Die Welt,* 25 February 2022

Compare with Enron fraud

Investors are now asking if they are facing another Enron. Shares in this fraudulent corporation, one of the largest companies in the United States in 2000, were worth over $90 at their peak, but within a few months fell to just 26 cents. By using highly misleading accounting practices to disguise its true financial position, Enron greatly inflated its own estimated value. This was achieved in part by treating potential future earnings in the same way as existing capital. Investors were sucked in by this false data and the share price rose to dizzy heights. Once the fraud became public the price collapsed.

"Shall I count them pure with the wicked balances,
and with the bag of deceitful weights?"
(Micah 6:11)

The Enron fraud worked because key people in the regulatory agencies were bought off. Investors can now see that the CDC and the FDA, the relevant regulatory agencies, may have been complicit in the fraud perpetrated by the pharmaceutical industry and that – in stark contrast to Enron – huge profits were made from a sinister enterprise which involved maiming and killing tens of thousands of innocent people. Many in the financial services sector will be appalled, not only by the sheer immorality of what has been happening, but at the way they themselves were tricked into taking a supposed vaccine which could end up damaging their health and shortening their lives.

How Pfizer deceived the markets

Here is how Pfizer deceived the markets. During the clinical trial (which is still ongoing) it split the 43,660 trial subjects into two groups of equal size. One group was given the 'vaccine' and the other was given a placebo. None of the participants knew which group they were in. Thus the trial was meant to be "double blind." However, a basic condition of double-blind evaluation was not fulfilled since, according to whistle-blowers, the Pfizer trial managers knew which group each participant was in. As we shall see, this was invaluable information when it came to deciding how effective the 'vaccine' had been since Pfizer itself was allowed to count the numbers in each group which caught 'Covid' (i.e. those participants who exhibited the spectrum of symptoms associated with Covid and gave a positive result in the PCR test).

Of the 21,830 in the *Placebo* group, 162 contracted 'Covid', while only 8 of the 21,830 in the *Vaccine group* did so.

This outcome is highly controversial since whistleblowers have revealed that Pfizer ignored many cases in the *Vaccine* group who showed signs of 'Covid' and did not send them for a PCR test. On the other hand, participants in the *Placebo* group were closely watched to see if they exhibited any such symptoms and, if they did, they were tested. So, it is not surprising that the Pfizer guys – who could exercise their discretion when deciding who was 'infected' and who wasn't – were able to get the outcome they wanted.

There is nothing new about this. The pharmaceutical industry is renowned for its deceitful and fraudulent practices, and has been fined billions in the past for criminal behavior.

It should be noted also that, among the 21,830 people in the nonvaccinated group, only 162 got 'Covid'. This was supposed to be a pandemic disease caused by a highly infectious pathogen, and yet it affected less than 1 percent of the group! What is more, as we all know, the recovery rate among those who *do* become infected is 99.7 percent or thereabouts. So, these figures alone show that there was no pandemic and no need for a vaccine.

Pfizer then used the following calculation to claim that its vaccine was 95 percent effective:

A: Placebo group infected: 0.74%

B: Vaccine group infected: 0.04%

C: Subtract B from A: 0.74 – 0.04 = 0.7

D: Divide C by A: 0.7 / 0.74 = 0.95 or 95%

From just 170 infected cases in a population of 43,660 Pfizer concluded that its 'vaccine' was 95 percent effective. Even with little knowledge of mathematics or statistics, anyone can see that this calculation of effectiveness was thoroughly misleading.

The central element in the Pfizer deception

The deception lies in the simple fact that the trial looked only at the mildest forms of Covid, and did not focus in any sense on the form that causes extreme illness and death. For the vast majority of the population a Covid infection causes only mild symptoms, sometimes so mild that the infected person doesn't even need bed rest. Yet Pfizer dared to claim that its product was 95% effective when all of the cases they examined were in this, largely meaningless, category.

As the associate editor of the *British Medical Journal*, Dr Peter Doshi, stated in a damning analysis of the Pfizer trial which was published in the *BMJ* on 21 October 2020: "None of the trials currently under way are designed to detect a reduction in any serious outcome such as hospital admissions, use of intensive care, or deaths. Nor are the vaccines being studied to determine whether they can interrupt transmission of the virus."

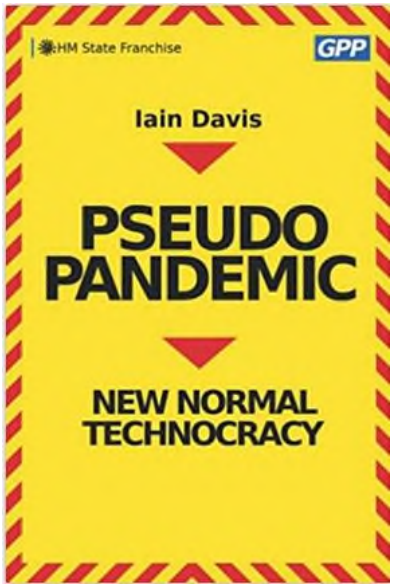
This was a wake-up call to the entire medical profession. No-one was able to refute Dr Doshi's claim at the time, nor has anyone done so since.

The trials were a scam – science with a capital $. They were little more than a feeble attempt to show that the vaccines were better than nothing. However, as we shall soon see, even that claim was a grotesque lie.

The regulatory agencies went along with the fraud

The regulatory agencies should have examined the methodology used in the trials and the conclusions drawn from the data, but either they did not do so or they chose to ignore the obvious fraud being perpetrated. Even a basic due diligence, along the lines of Dr Doshi's paper, would have shown that the companies were violating standard scientific procedures and making claims based on hopelessly inadequate data.

In his fine book *Pseudopandemic* (2021), Iain Davis also cited a number of serious shortcomings with these trials as identified by *The Lancet*: "There was a lack of consistency with definition of disease, reporting bias was evident, study protocols differed between vaccines and even changed mid-trial in some instances. Endpoints were mixed, meaning it wasn't clear from the interim analysis who would be the primary beneficiaries, if any, from the claimed efficacy." [p.300]



It must be borne in mind that these trials were supposed to establish both the efficacy and the safety of the vaccines. As we have seen, their efficacy was never established. When it came to safety, however, the violations of accepted clinical practice were even more outrageous. The most obvious was the exceedingly short time frame used to assess their safety. It is impossible, based on just a few months of clinical observation, to determine whether a vaccine may be damaging to one's health in the longer term. But the disregard for safety considerations was evident even in the way the trial was structured. Given that the vaccine would be administered to a wide spectrum of the general population, no account was taken of the diversity of factors that needed to be measured, such as the effect of the vaccine on pregnant women, patients with compromised immunity, elderly patients, or patients already taking other types of medication.

Evidence of deliberate criminal conduct

Up to now we have shown how Pfizer and others were acting irresponsibly, possibly to a degree that would legally constitute criminal negligence. If whistleblower testimony is added to the mix – which showed that the companies knowingly employed a lower threshold of illness when counting infected cases in the *Placebo* group – then we are certainly moving into criminal territory.

However, what the companies did next was truly shocking. As we have noted, clinical trials are supposed to be blind and randomised, with a control group which remains constant throughout. No one is allowed know which of the trial subjects received the real vaccine and which received a fake or placebo vaccine. As we have seen the manufacturers may have breached this fundamental rule. However, they went further and declared at the end of Phase One that everyone who participated in the *Placebo* group would now be given the real vaccine!

This was astonishing. Ostensibly these subjects were being given the vaccine to protect them during the so-called pandemic. The companies claimed that it would be unfair, possibly even unethical, to withhold it from them. This may sound compassionate, but it was dishonesty of a high order. The clinical trial had now lost its control group. This meant that if any of those in the initial *Vaccine* group were to suffer adverse effects as a result of the shot, there would be no control group to use for comparison purposes because everyone in the *Placebo* group had also received the shot!

The clinical trial was a farce. Using statistical trickery the pharmaceutical companies got the regulators to rubber-stamp results which were plainly meaningless. Using these approved results they could falsely claim that their 'vaccine' was effective. On top of this they made no effort to show that the vaccines were safe. From the start they excluded several categories of future recipients whose participation was essential if safety issues were being genuinely addressed. They then made sure that the health of those who did receive the vaccine could never be used to cast a shadow of doubt over its safety since every member of the control group was also given the vaccine.

A well-planned criminal conspiracy

Taking all aspects of this elaborate exercise into consideration, we can see that the main players were engaged in a criminal conspiracy. The government ensured that a product which had never been proven by clinical standards to be either effective or safe was imposed on the entire population. The regulatory agencies, who had an obligation to ensure that proper scientific standards and procedures were applied, gave the companies everything they wanted. There was no critical examination of any kind of the many false claims made by the companies. The companies themselves made their own rules when it came to testing the safety and effectiveness of their products. Meanwhile heads of the principal medical institutions in each country failed to ask questions in a public forum regarding the highly irregular way the vaccines were tested and approved. They went along with the blatant lie that the potions were "vaccines" and not a disguised form of gene therapy. Informed consent, as a human right, was simply dismissed. They didn't even question the far-reaching ramifications of this novel technology or point to the potentially devastating implications for the nation as a whole if the vaccines, which directly affect the expression of individual genes, turned out to cause unintended results or produce genetic abnormalities.

It is horrifying to realize, more than a year after these highly experimental inoculations were introduced, that quite possibly the only professionals who are now asking hard questions about them are in the financial services sector.

Alas, they are not doing so with the angry determination that one would expect. According to reports, the number of deaths in the US in the age range 18-64 increased by 40 percent in the second half of 2021. From an actuarial standpoint, this is a cataclysmic shift that could wreck the business, so why has it passed without comment in the mainstream media?

Is it possible that life insurance companies have been indemnified by the Elite against losses arising from vaccine-related claims?

Government statistics *prove* the vaccines are unsafe

We will now examine the Covid-related statistics published by the health authorities in England and Scotland. These are especially significant since their accuracy is not disputed. They are, after all, official government figures.

These statistics show that vaccinated persons are much more likely to contract Covid-19 (i.e. to exhibit Covid-type symptoms) than nonvaccinated people.

Since critics of the vaccine mandate have been drawing undue attention to these highly revealing statistics, the authorities are now claiming that their figures are being misinterpreted and that any bias in the data is due to differences between groups.

Here is how the UKHSA put it:

> "A simple comparison of COVID-19 case rates in those who are vaccinated and unvaccinated should not be used to assess how effective a vaccine is in preventing serious health outcomes. This is because these figures are susceptible to a number of differences between the groups, other than the vaccine itself, and these biases mean that you cannot use the rates to determine how well the vaccines work."
>
> - ***Transparency and Data: UKHSA's vaccines report***
> **(2 November 2021)**
>
> **Source:** https://ukhsa.blog.gov.uk/2021/11/02/transparency-and-data-ukhsas-vaccines-report/]

It goes on to say that the alleged differences "between the groups" (as they put it) arise largely from differences in behavior between the vaccinated and the nonvaccinated:

> "If we look at the numbers of cases in vaccinated compared to unvaccinated people, the rate of cases in the vaccinated people appears higher for many age groups. This is because there are key differences in the characteristics and behaviour of individuals who are vaccinated compared to those who are unvaccinated. The rates therefore reflect this population's behaviour and exposure to COVID-19, not how well the vaccines work."

Perhaps sensing that this 'explanation' was too silly to be taken seriously, the report then offered examples of what it believed these differences might be:

> "Several important factors can affect the rates of diagnosed COVID-19 cases and this may result in a lower rate in unvaccinated than in vaccinated people. For example:
>
> - People who are fully vaccinated may be more health conscious and therefore more likely to get tested for COVID-19 and so more likely to be identified as a case (based on the data provided by the NHS Test and Trace).
> - Many of those who were at the head of the queue for vaccination are those at higher risk from COVID-19 due to their age, their occupation, their family circumstances or because of underlying health issues.
> - People who are fully vaccinated and people who are unvaccinated may behave differently, particularly with regard to social interactions and therefore may have differing levels of exposure to COVID-19.
> - People who have never been vaccinated are more likely to have caught COVID-19 in the weeks or months before the period of the cases covered in the report. This gives them some natural immunity to the virus for a few months which may have contributed to a lower case rate in the past few weeks."

It is both sad and disturbing to think that, at a time when robust official data strongly suggest that the so-called vaccines might be causing harm, the UKHSA is bending over backwards to pretend otherwise, inventing 'explanations' that are wildly speculative and devoid of empirical support.

The only occasion where vaccinated people might feature disproportionately in the Covid statistics is where the vaccinated category included a greater number of high risk recipients (mostly those over age 70). This could have been true in the first few months of the inoculation program, but as the vaccinated population increased to where it now comprises 80% - 90% of all adults, this factor should have greatly diminished. Besides, where statistics are sorted by age, those in the highest age brackets can be excluded from the analysis.

In short, the "important factors" listed by the UKHSA are little more than a shameful attempt to hide the true situation from the public.

We must let the figures to speak for themselves.

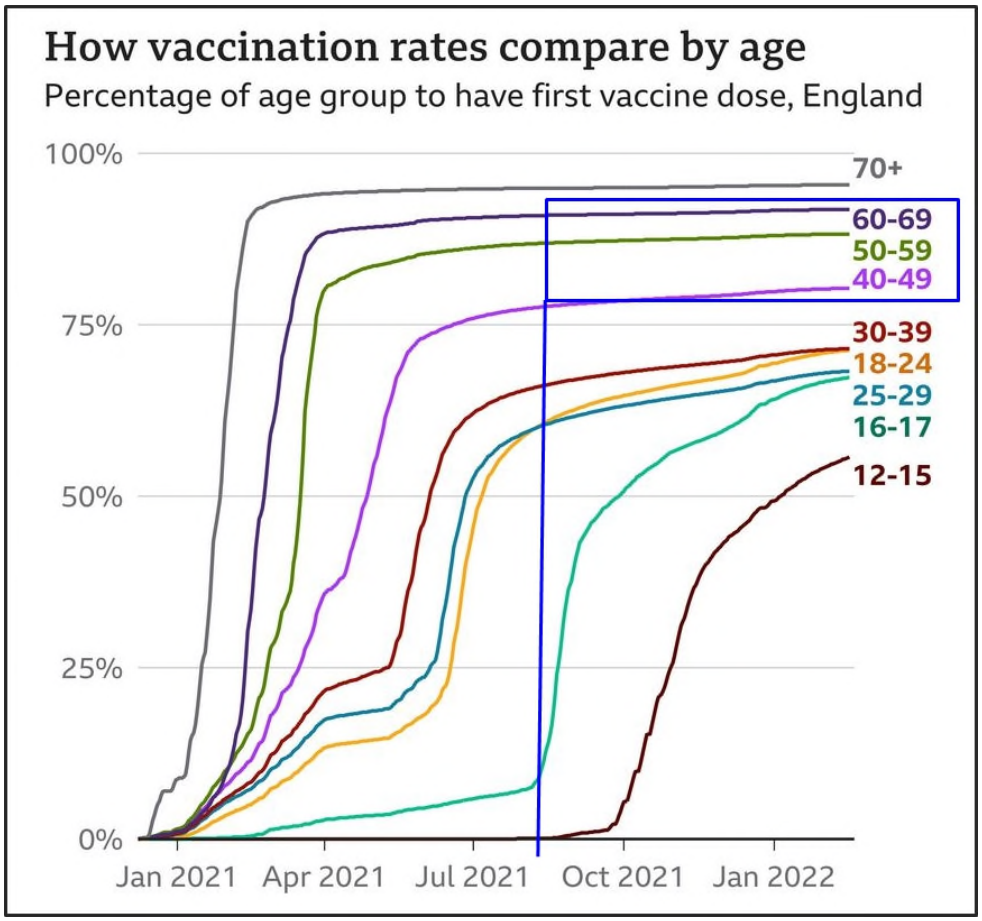


Chart published by the BBC on 17 February 2022.

The chart above shows the percentage of each age group in England that had received at least one Covid vaccine dose by the date indicated. We will examine three of these age categories – 30-39, 40-49 and 50-59 – with reference to figures on Covid hospitalizations published by the UKHSA in its ongoing series of reports. The chart above shows that by August 2021 roughly 80 percent of the population in these categories had received at least one dose of the Covid vaccine.

We have chosen hospitalizations as our metric since it is far more reliable than "tested positive for Covid." The need for hospitalization is a meaningful, objective measure of one's health status at a given time.

The information on which we base our analysis is drawn from a series of weekly surveillance reports published by the UKHSA:

https://www.gov.uk/government/publications/covid-19-vaccine-weekly-surveillance-reports

We have included in **Appendix A** a screen shot of each of the tables from which we extracted official data. From these we compiled the table shown below:

		Hospitalizations due to 'Covid' in England between start Week 35 2021 and end Week 06 2022		
Period	Age bracket	Nonvaccinated	Vaccinated	Total
Weeks 35-38	30-39	503	197	700
	40-49	432	374	806
	50-59	462	620	1082
Weeks 39-42	30-39	446	262	708
	40-49	495	496	991
	50-59	447	692	1139
Weeks 43-46	30-39	462	322	784
	40-49	505	537	1042
	50-59	510	936	1446
Weeks 47-50	30-39	555	360	915
	40-49	580	548	1128
	50-59	619	759	1378
Weeks 51-02	30-39	569	859	1428
	40-49	467	888	1355
	50-59	527	1168	1695
Weeks 03-06	30-39	262	668	930
	40-49	166	593	759
	50-59	168	700	868
		8175	10979	

Before we examine what this table is telling us, we should look briefly at the footnote which the UKHSA includes with these tables, seemingly for the purpose of deflecting attention away from the troubling revelations concealed in their statistics:

> "In the context of very high vaccine coverage in the population, even with a highly effective vaccine, it is expected that a large proportion of cases, hospitalisations and deaths would occur in vaccinated individuals, simply because a larger proportion of the population are vaccinated than unvaccinated and no vaccine is 100% effective. This is especially true because vaccination has been prioritised in individuals who are more susceptible or more at risk of severe disease. Individuals in risk groups may also be more at risk of hospitalisation or death due to non-COVID-19 causes, and thus may be hospitalised or die with COVID-19 rather than because of COVID-19." *[emphasis added]*

They invite readers to ignore trends in the various tables and to focus on one table at a time. They also point mischievously to the confusion that arises when "with covid" cases are mixed in with "because of Covid" cases, which is precisely the kind of confusion their methodology is supposed to address!

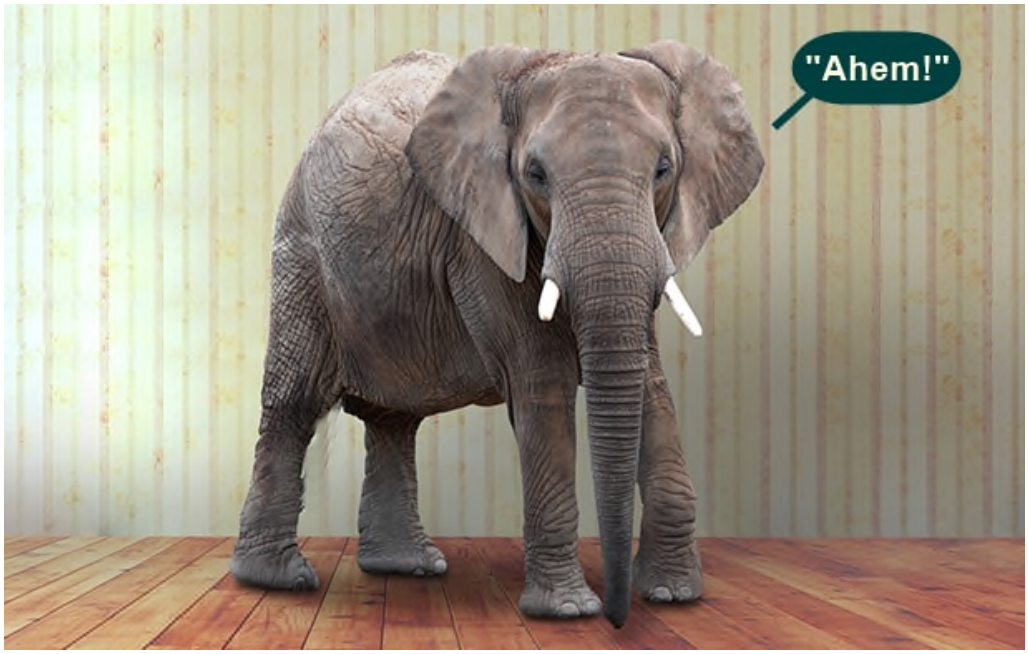
The UKHSA also tries to make it appear that meaningful conclusions cannot be drawn from these statistics because of the sharp disparity between the numbers vaccinated and the number of people who have chosen to remain in the nonvaccinated category. Finally, by playing their trump card – "no vaccine is 100% effective" – they are implying that there are too many imponderable factors to be considered and that we cannot hope, at this stage, to draw any compelling conclusions from their statistics. But they are wrong.

The big message

The big message is as plain as day. The total number of hospitalizations among the three nonvaccinated age groups in Weeks 35-38 – a period of mild weather – was 1,397, but this fell to just 596 in Weeks 03-06 (winter months). The difference is a remarkable minus 57 percent! Remember, these are the people who have no vaccine protection against the 'deadly disease' called Covid.

Now look at the corresponding figures for those in the vaccinated group. These went from 1,191 to 1,961, an ***increase*** of 65 percent! And this is a group where everyone had been vaccinated against Covid.

Those who are lacking vaccine 'protection' fare considerably better than those who have it.



Defenders of the vaccine like to argue that, in the nation as a whole, there are roughly four times as many in the vaccinated cohort as there are in the nonvaccinated cohort. They compare the total number of hospitalizations among the nonvaccinated in the above table (8,175) with the number among the vaccinated (10,979). The latter is only slightly larger but drawn from a far larger cohort. Thus, they claim, the vaccine must be offering "some" protection to the vaccinated. However, in drawing this conclusion they overlook the known preference, at the time of hospitalization, for a 'Covid' diagnosis among the nonvaccinated. There may also be a bias, albeit unintentional, against a 'Covid' diagnosis if the patient has already been vaccinated.

The evidence suggests that the vaccine may actually be causing the disease (or symptomology) which it is designed to protect against. Even worse, when we examine the hospitalization total for the vaccinated over three consecutive 8-week periods, there is evidence that this problem is escalating with the passage of time. [See table overleaf]

Critics of the vaccine are calling this *vaccine-acquired immune deficiency syndrome*. The more inoculations one receives, the worse the syndrome becomes. Even one dose is sufficient to set the syndrome in motion since, it has been speculated, the longer the spike proteins are produced by the body, the greater the risk that they will accumulate in capillaries or cause inflammation. (We would note by the way that the symptoms produced in such cases of severe illness will vary greatly and need not necessarily include the set known as 'Covid.')

The table below should set off alarm bells. It shows that the number of vaccinated people in the active working-age cohort, 30-60, who are being hospitalized with 'Covid' is increasing (Importantly, these figures do not include vaccinated people who have been harmed by the vaccine and hospitalized for other, non-Covid, reasons such as vaccine-induced myocarditis):

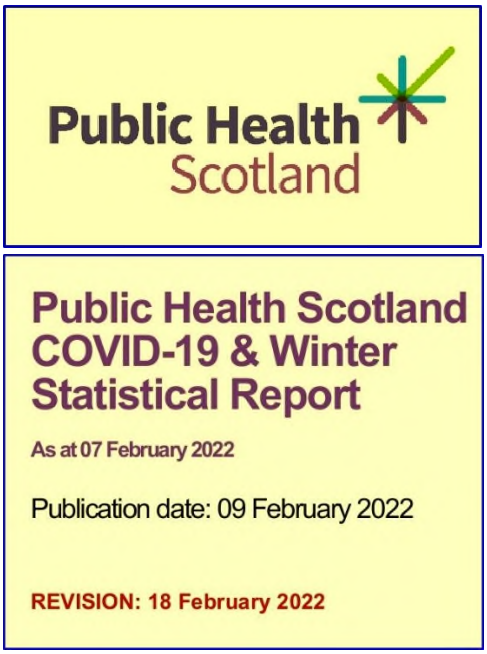
Period	Age bracket	Vaccinated	Total	% increase
Weeks 35-38	30-39	197	2641	
	40-49	374		
	50-59	620		
Weeks 39-42	30-39	262		
	40-49	496		
	50-59	692		
Weeks 43-46	30-39	322	3462	+ 31 %
	40-49	537		
	50-59	936		
Weeks 47-50	30-39	360		
	40-49	548		
	50-59	759		
Weeks 51-02	30-39	859	4876	+ 41 %
	40-49	888		
	50-59	1168		
Weeks 03-06	30-39	668		
	40-49	593		
	50-59	700		

The website *UK Exposé* analyzed the UKHSA figures in a detailed article published on 15 January 2022. Rather than focus on hospitalizations, as we did, the authors elected instead to examine 'Covid positive' cases (We believe this approach is not as accurate as one which sidesteps the problems associated with the unreliable testing procedure). Nevertheless they concluded that the vaccine appeared to be suppressing normal immune function and that this suppressive effect was growing progressively worse over time:

> "…official UK Government data strongly suggests that the Covid-19 vaccinated population are developing some new form of Covid-19 vaccine-induced acquired immunodeficiency syndrome." – *UK Exposé*

Scotland

Public Health Scotland publish Covid figures for that country in a series of weekly reports.



Their reports now carry a warning similar to the one issued by the UKHSA, saying in effect that the figures do not mean what they say:

> **Interpretation of data**
> There is a large risk of misinterpretation of the data presented in this section due to the complexities of vaccination data. A blog post by the UK Health Security Agency (UKHSA), formerly Public Health England (PHE), provides a comprehensive explanation of the biases and potential areas for misinterpretation of such data. They state that a simple comparison of COVID-19 case rates in those who are vaccinated and unvaccinated should not be used to assess how effective a vaccine is in preventing serious health outcomes, because there are a number of differences between the groups, other than the vaccine itself, and these biases mean that you cannot use the rates to determine how well the vaccines work.

When the experts tell you to ignore what the data appears to be telling you, then it makes sense to look very closely at the data. The "large risk of misinterpretation" due to "the complexities of vaccination data" is just another way of saying *Trust us, we're the experts; if we say it's safe then it's safe.*

We can only surmise that the health authorities in other countries are trying to bamboozle their own citizens with the same type of flimflam.

We compiled the table below from the Scottish weekly reports:

	Hospitalizations due to 'Covid' per week in Scotland over 18 consecutive weeks commencing 9 October 2021	
	Nonvaccinated	**Vaccinated**
Week 1: 09/10-15/10	118	418
Week 2: 16/10-22/10	131	471
Week 3: 23/10-29/10	142	455
Week 4: 30/10-05/11	143	374
Week 5: 06/11-12/11	137	363
Week 6: 13/11-19/11	132	322
Week 7: 20/11-26/11	105	242
Week 8: 27/11-03/12	121	227
Week 9: 04/12-10/12	129	246
Week 10: 11/12-17/12	76	205
Week 11: 18/12-24/12	134	295
Week 12: 25/12-31/12	169	588
Week 13: 01/01/07/01	177	707
Week 14: 08/01-14/01	148	745
Week 15: 15/01-21/01	98	464
Week 16: 22/01-28-01	92	433
Week 17: 29/01-04/02	65	327
Week 18: 05/02-11/02	64	367

Notes: Week 1 started on 9 October 2021. The series runs consecutively thereafter to 11 February 2022. The 'vaccinated category' comprises anyone who has received at least one vaccination. A large proportion in this category will have received two or three vaccinations. The proportion of nonvaccinated to vaccinated was fairly constant over this period.

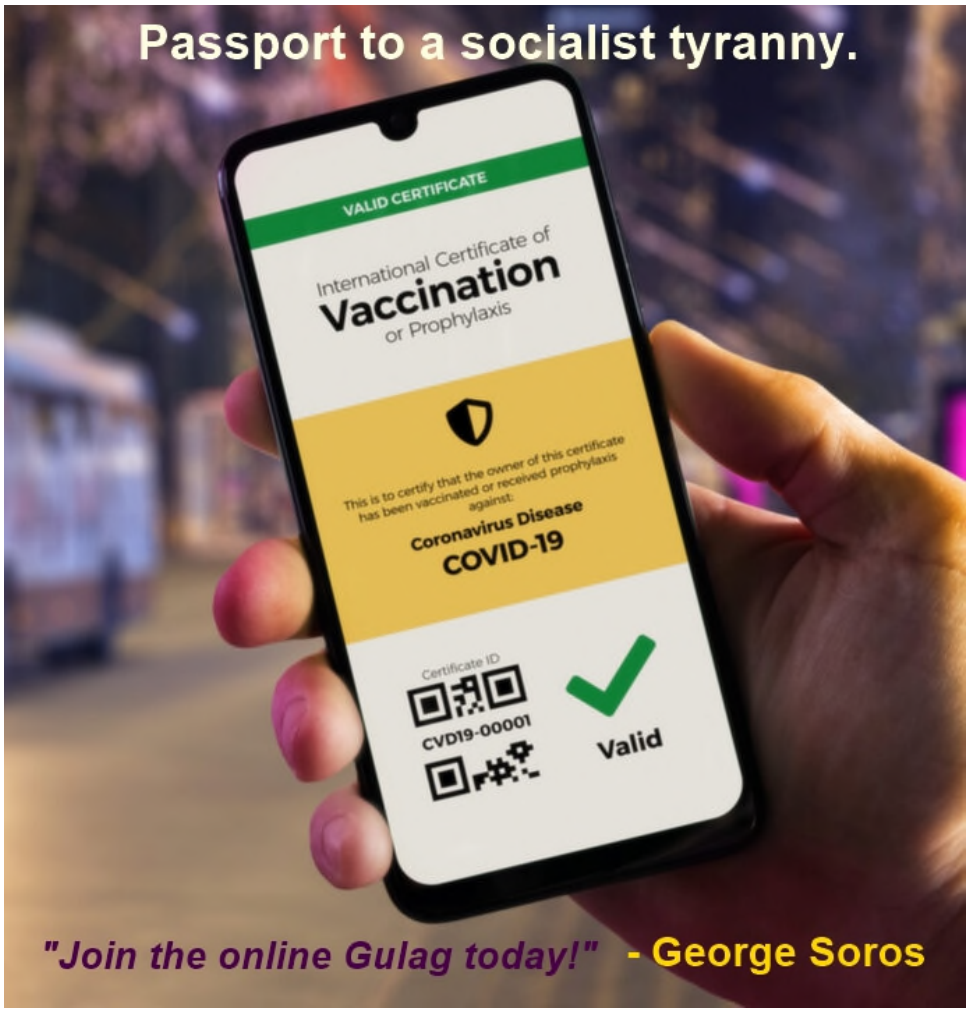
It will be easier to see the trend over this period if we contrast the aggregate of the first six weeks with that of the last six:

	Hospitalizations in Scotland per week due to 'Covid' over 18 consecutive weeks commencing 9 October 2021	
	Nonvaccinated	**Vaccinated**
Weeks 1-6	803	2403
Weeks 13-18	644	3043
	minus 20 percent	plus 27 percent

Once again a clear message emerges. The official government figures show that the vaccines are having an adverse effect on the health of the population. Between the two periods shown, hospitalizations due to 'Covid' among the nonvaccinated **decreased by 20 percent**, while hospitalizations due to 'Covid' among the vaccinated **increased by 27 percent**.

As we consider these findings it is essential that we bear in mind that the vaccine is supposed to provide protection against a disease called 'Covid'. Alas, these figures suggest that the opposite is happening. Those who take the vaccine succumb more easily to 'Covid,' while those without any supposed protection (other than their natural immunity) seem to fare quite well.

We are all familiar by now with the oft-chanted slogan – *the vaccine doesn't protect against infection but it greatly reduces the severity of the symptoms*. Well, in the cases we have examined this slogan is meaningless because we are looking only at hospitalization cases, namely cases where the symptoms were severe enough to warrant full-time professional care. These are the very people who should be enjoying the greatest protection from the vaccines!



CONCLUSION

Those who place their confidence in the official government position on Covid should have no difficulty accepting these figures, even when the figures show there is something seriously wrong with the vaccines.

We have not had recourse in our statistical analysis to information sources other than those maintained by the government. We have not utilised 'Yellow Card' (UK) data on adverse effects, nor data from the US VAERS system. Neither have we cited any of the evidence compiled by independent scientists which raise very troubling questions about the actual contents of the vaccines, both disclosed and undisclosed. We have simply looked at the government's own figures and found that they conflict sharply with the repeated official assurances that the vaccines are both safe and effective. Their figures show that the vaccines are neither safe nor effective, that they serve no meaningful medical purpose, and that they are causing real harm to the health of the community.

Please share this paper with friends and acquaintances who, up to now, have believed almost everything their respective governments have been telling them.

If they are Christian please draw their attention to all that the Word of God has told us about *pharmakeia* and its role in the End Time. Remind them also that, as we move closer to the End Time, the wicked are becoming more daring and more dangerous than ever before:

"This know also, that in the last days perilous times shall come… evil men and seducers shall wax worse and worse, deceiving, and being deceived." – 2 Timothy 3:1 & 13

Jeremy James
Ireland
February 27, 2022

- SPECIAL REQUEST –

Time is running out…

Regular readers are encouraged to download the papers on this website for safekeeping and future reference. They may not always be available.

For an easy way to download all papers (over 300), please email me.

We are rapidly moving into an era where material of this kind may be obtained only via email. Readers who wish to be included on a future mailing list are welcome to email me at the following address:-

jeremypauljames@gmail.com

For further information visit www.zephaniah.eu

APPENDIX A

Tables published by UKHSA in their *Covid-19 Vaccine Weekly Surveillance Reports*

Weeks 35 – 38

COVID-19 vaccine surveillance report – week 39

Table 3. COVID-19 cases presenting to emergency care (within 28 days of a positive specimen) resulting in an overnight inpatient admission by vaccination status between week 35 and week 38 2021

Cases presenting to emergency care (within 28 days of a positive test) resulting in overnight inpatient admission, by specimen date between week 35 and week 38 2021	Total	Unlinked*	Not vaccinated	Received one dose (1-20 days before specimen date)	Received one dose, ≥21 days before specimen date	Second dose ≥14 days before specimen date	Rates among persons vaccinated with 2 doses (per 100,000)	Rates among persons not vaccinated (per 100,000)
Under 18	525	14	487	20	4	0	0.0	4.1
18-29	471	10	315	7	61	78	1.5	9.2
30-39	700	14	503	8	39	136	2.4	17.2
40-49	806	17	432	8	51	298	4.9	25.5
50-59	1,082	7	462	4	46	563	8.0	45.0
60-69	1,139	8	345	4	39	743	13.1	63.8
70-79	1,454	2	217	3	27	1,205	26.0	87.9
80+	1,552	1	161	0	35	1,355	52.7	127.3

*individuals whose NHS numbers were unavailable to link to the NIMS

Weeks 39 – 42

COVID-19 vaccine surveillance report – week 43

Table 3. COVID-19 cases presenting to emergency care (within 28 days of a positive specimen) resulting in an overnight inpatient admission by vaccination status between week 39 and week 42 2021

Cases presenting to emergency care (within 28 days of a positive test) resulting in overnight inpatient admission, by specimen date between week 39 and week 42 2021	Total	Unlinked*	Not vaccinated	Received one dose (1-20 days before specimen date)	Received one dose, ≥21 days before specimen date	Second dose ≥14 days before specimen date[1]
Under 18	633	17	592	12	11	1
18-29	324	8	212	2	28	74
30-39	708	10	446	2	47	203
40-49	991	14	495	5	40	437
50-59	1,139	13	447	1	46	632
60-69	1,177	12	288	3	33	841
70-79	1,642	1	195	3	34	1,409
≥80	1,724	2	157	0	38	1,527

*individuals whose NHS numbers were unavailable to link to the NIMS

[1] In the context of very high vaccine coverage in the population, even with a highly effective vaccine, it is expected that a large proportion of cases, hospitalisations and deaths would occur in vaccinated individuals, simply because a larger proportion of the population are vaccinated than unvaccinated and no vaccine is 100% effective. This is especially true because vaccination has been prioritised in individuals who are more susceptible or more at risk of severe disease. Individuals in risk groups may also be more at risk of hospitalisation or death due to non-COVID-19 causes, and thus may be hospitalised or die with COVID-19 rather than because of COVID-19.

Weeks 43 - 46

COVID-19 vaccine surveillance report – week 47

Table 9. COVID-19 cases presenting to emergency care (within 28 days of a positive specimen) resulting in an overnight inpatient admission by vaccination status between week 43 and week 46 2021
Please note that corresponding rates by vaccination status can be found in Table 11.

Cases presenting to emergency care (within 28 days of a positive test) resulting in overnight inpatient admission, by specimen date between week 43 and week 46 2021	Total	Unlinked*	Not vaccinated	Received one dose (1-20 days before specimen date)	Received one dose, ≥21 days before specimen date	Second dose ≥14 days before specimen date[1]
	[These data should be interpreted with caution. See information below in footnote about the correct interpretation of these figures]					
Under 18	516	17	467	14	17	1
18-29	412	7	279	7	21	98
30-39	784	8	462	9	59	246
40-49	1,042	13	505	5	48	471
50-59	1,446	20	510	3	45	868
60-69	1,547	7	371	7	35	1,127
70-79	1,797	4	281	2	21	1,489
≥80	1,630	4	196	2	39	1,389

*individuals whose NHS numbers were unavailable to link to the NIMS

[1] In the context of very high vaccine coverage in the population, even with a highly effective vaccine, it is expected that a large proportion of cases, hospitalisations and deaths would occur in vaccinated individuals, simply because a larger proportion of the population are vaccinated than unvaccinated and no vaccine is 100% effective. This is especially true because vaccination has been prioritised in individuals who are more susceptible or more at risk of severe disease. Individuals in risk groups may also be more at risk of hospitalisation or death due to non-COVID-19 causes, and thus may be hospitalised or die with COVID-19 rather than because of COVID-19.

Weeks 47 – 50

COVID-19 vaccine surveillance report – week 51

Table 9. COVID-19 cases presenting to emergency care (within 28 days of a positive specimen) resulting in an overnight inpatient admission by vaccination status between week 47 and week 50 2021
Please note that corresponding rates by vaccination status can be found in Table 11.

Cases presenting to emergency care (within 28 days of a positive test) resulting in overnight inpatient admission, by specimen date between week 47 and week 50 2021	Total	Unlinked*	Not vaccinated	Received one dose (1-20 days before specimen date)	Received one dose, ≥21 days before specimen date	Second dose ≥14 days before specimen date[1]
	[These data should be interpreted with caution. See information below in footnote about the correct interpretation of these figures]					
Under 18	648	21	578	8	34	7
18-29	492	14	272	3	37	166
30-39	915	18	555	9	46	287
40-49	1,128	10	580	9	38	491
50-59	1,378	19	619	4	49	687
60-69	1,284	19	499	6	47	713
70-79	1,123	6	329	1	42	745
≥80	1,222	2	261	3	25	931

*individuals whose NHS numbers were unavailable to link to the NIMS

[1] In the context of very high vaccine coverage in the population, even with a highly effective vaccine, it is expected that a large proportion of cases, hospitalisations and deaths would occur in vaccinated individuals, simply because a larger proportion of the population are vaccinated than unvaccinated and no vaccine is 100% effective. This is especially true because vaccination has been prioritised in individuals who are more susceptible or more at risk of severe disease. Individuals in risk groups may also be more at risk of hospitalisation or death due to non-COVID-19 causes, and thus may be hospitalised or die with COVID-19 rather than because of COVID-19.

Weeks 51 - 02

COVID-19 vaccine surveillance report – week 3

Table 10. COVID-19 cases presenting to emergency care (within 28 days of a positive specimen) resulting in an overnight inpatient admission by vaccination status between week 51 2021 and week 2 2022

Please note that corresponding rates by vaccination status can be found in Table 12.

Cases presenting to emergency care (within 28 days of a positive test) resulting in overnight inpatient admission, by specimen date between week 51 2021 (w/e 26/12/21) and week 02 2022 (w/e 16/01/22)	Total	Unlinked*	Not vaccinated	Received one dose (1 to 20 days before specimen date)	Received one dose, ≥21 days before specimen date	Second dose ≥14 days before specimen date[1]	Third dose ≥14 days before specimen date[1]
	[These data should be interpreted with caution. See information below in footnote about the correct interpretation of these figures]						
Under 18	1,509	76	1,307	11	100	11	4
18 to 29	1,409	39	529	12	130	589	110
30 to 39	1,428	35	569	10	89	548	177
40 to 49	1,355	17	467	11	78	541	241
50 to 59	1,695	21	527	7	83	567	490
60 to 69	1,770	11	494	18	68	504	675
70 to 79	2,369	5	434	7	75	542	1,306
80 or over	3,477	5	425	3	79	825	2,140

* Individuals whose NHS numbers were unavailable to link to the NIMS.

[1] In the context of very high vaccine coverage in the population, even with a highly effective vaccine, it is expected that a large proportion of cases, hospitalisations and deaths would occur in vaccinated individuals, simply because a larger proportion of the population are vaccinated than unvaccinated and no vaccine is 100% effective. This is especially true because vaccination has been prioritised in individuals who are more susceptible or more at risk of severe disease. Individuals in risk groups may also be more at risk of hospitalisation or death due to non-COVID-19 causes, and thus may be hospitalised or die with COVID-19 rather than because of COVID-19.

Weeks 03 - 06

COVID-19 vaccine surveillance report – week 7

Table 11. COVID-19 cases presenting to emergency care (within 28 days of a positive specimen) resulting in an overnight inpatient admission by vaccination status between week 3 2022 and week 6 2022

Please note that corresponding rates by vaccination status can be found in Table 13.

Cases presenting to emergency care (within 28 days of a positive test) resulting in overnight inpatient admission, by specimen date between week 3 2022 (w/e 23 January 2022) and week 6 2022 (w/e 13 February 2022)	Total	Unlinked*	Not vaccinated	Received one dose (1 to 20 days before specimen date)	Received one dose, ≥21 days before specimen date	Second dose ≥14 days before specimen date[1]	Third dose ≥14 days before specimen date[1]
	[This data should be interpreted with caution. See information below in footnote about the correct interpretation of these figures]						
Under 18	1,623	30	1,417	7	127	41	1
18 to 29	752	12	222	11	69	266	172
30 to 39	930	7	262	4	71	296	290
40 to 49	759	3	166	3	54	211	322
50 to 59	868	7	168	4	46	200	443
60 to 69	1,030	5	189	4	41	203	588
70 to 79	1,643	2	211	6	39	243	1,142
80 or over	2,617	4	223	1	58	350	1,981

* Individuals whose NHS numbers were unavailable to link to the NIMS.

[1] In the context of very high vaccine coverage in the population, even with a highly effective vaccine, it is expected that a large proportion of cases, hospitalisations and deaths would occur in vaccinated individuals, simply because a larger proportion of the population are vaccinated than unvaccinated and no vaccine is 100% effective. This is especially true because vaccination has been prioritised in individuals who are more susceptible or more at risk of severe disease. Individuals in risk groups may also be more at risk of hospitalisation or death due to non-COVID-19 causes, and thus may be hospitalised or die with COVID-19 rather than because of COVID-19.